

**Case 1:17-cv-01077-LO-TCB Document 56-5 Filed 07/20/18 Page 1 of 30 PageID# 512**

# Exhibit B

**CONFIDENTIAL**

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**BR10000271**

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**CONTINUATION SHEET FOR REPORTING TO STATE**

**TOTALS FOR THIS PAGE**  
number of employees  
and wage totals

Number of  
employees

12

775303 508062

- **EMPLOYER:** Only use columns applicable to state requirements.

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EMPLOYEE INFORMATION		--YTD/QTD--		--DOD EARNINGS--		---TAXABLE---		---EXCESS---		---EXEMPT---	
1-0 [REDACTED]	VA-R 484*		506.00	TIPS MEALS SICK ANNUITY	FICA WAGES FICA TIPS STATE UNEMP FED UNEMP						
2-0 [REDACTED]	VA-R *84*		506.00	TIPS MEALS SICK ANNUITY	FICA WAGES FICA TIPS STATE UNEMP FED UNEMP						
3-0 [REDACTED]	VA-R		7661.26 2055.63	TIPS MEALS SICK ANNUITY	FICA WAGES FICA TIPS STATE UNEMP FED UNEMP	2055.63					
4-0 [REDACTED]	VA-R *84*			ANNUITY	FICA WAGES						
5-0 [REDACTED]	VA-R 484*		1955.25	TIPS MEALS SICK ANNUITY	FICA WAGES FICA TIPS STATE UNEMP FED UNEMP						
6-0 [REDACTED]	ALTER J		44000.00 12000.00	TIPS MEALS SICK ANNUITY	FICA WAGES FICA TIPS STATE UNEMP FED UNEMP	10000.00	2000.00				
7-0 [REDACTED]	ANNETTE H		64000.00 12000.00	TIPS MEALS SICK ANNUITY	FICA WAGES FICA TIPS STATE UNEMP FED UNEMP	10000.00	2000.00				
8-0 [REDACTED]	ROSS, JANE L		44000.00 12000.00	TIPS MEALS SICK ANNUITY	FICA WAGES FICA TIPS STATE UNEMP FED UNEMP	10000.00	2000.00				
9-0 [REDACTED]	ROSS, ROBERT N		49800.00 12000.00	TIPS MEALS SICK ANNUITY	FICA WAGES FICA TIPS STATE UNEMP FED UNEMP	4200.00	7800.00				

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## CONTINUATION SHEET FOR REPORTING TO STATE

		Date Quarter Ended	Page Number	Name of State
3113353 BOB ROSS INC. 295 SUNSET PARK DRIVE HERNDON VA 22070		MARCH 31 1987	1 OF 1	VIRGINIA
		ENTER ON PAGE 1 ONLY	GRAND TOTALS ALL WAGE REPORT SHEETS	
			TAXABLE WAGES	TOTAL WAGES
			48586.94	68586.94
				EXCESS WAGE 20000.
Employee's identification number, name and address			STATE TAXABLE WAGES *	TOTAL WAGES *
EMPLOYEE'S SOCIAL SECURITY NUMBER	NAME OF EMPLOYEE			
	KOWALSKI, WALTER J		129870 96450 217770 700000 68750 700000 207476 39601 76200 289850 79200 121471 700000 280027 700000 112250 91300 79788 56000 112788	129870 96450 217770 1200000 68750 1200000 207476 39601 76200 289850 79200 121471 1200000 280027 1200000 112250 91300 79788 56000 112788
	KOWALSKI, ANNETTE H			
	ROSS, ROBERT N			
LE FOR THIS PAGE Number of employees wage totals		Number of employees	48586.94 68586.94	

\* EMPLOYER: Only use columns applicable to  
State requirements

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EMPLOYEE INFORMATION		PAYROLL NUMBER		DATE		PAGE NO.	3727787
[REDACTED]		2800.27	TIPS MEALS SICK ANNUITY	FICA WAGES FICA TIPS STATE UNEMP FED UNEMP	2800.27 — 2800.27		
VA-R	VA	687.50	TIPS MEALS SICK ANNUITY	FICA WAGES FICA TIPS STATE UNEMP FED UNEMP	687.50 — 687.50		
VA-K	VA	12000.00	TIPS MEALS SICK ANNUITY	FICA WAGES FICA TIPS STATE UNEMP FED UNEMP	12000.00 — 7000.00	5000.00	5000.00
KOMALSKI, HALTAK J	8-0	12000.00	TIPS MEALS SICK ANNUITY	FICA WAGES FICA TIPS STATE UNEMP FED UNEMP	12000.00 — 7000.00	5000.00	5000.00
KOMALSKI, ANNETTE H	9-0	12000.00	TIPS MEALS SICK ANNUITY	FICA WAGES FICA TIPS STATE UNEMP FED UNEMP	12000.00 — 7000.00	5000.00	5000.00
ROSS, JANE L	10-0	12000.00	TIPS MEALS SICK ANNUITY	FICA WAGES FICA TIPS STATE UNEMP FED UNEMP	12000.00 — 7000.00	5000.00	5000.00
RUSS, ROBERT M	11-0	12000.00	TIPS MEALS SICK ANNUITY	FICA WAGES FICA TIPS STATE UNEMP FED UNEMP	12000.00 — 7000.00	5000.00	5000.00
[REDACTED]	12-0	2177.70	TIPS MEALS SICK ANNUITY	FICA WAGES FICA TIPS STATE UNEMP FED UNEMP	2177.70 — 2177.70		
VA-K	VA	1127.88	TIPS MEALS SICK ANNUITY	FICA WAGES FICA TIPS STATE UNEMP FED UNEMP	1127.88 — 1127.88		
[REDACTED]	13-0	2074.76	TIPS MEALS SICK ANNUITY	FICA WAGES FICA TIPS STATE UNEMP FED UNEMP	2074.76 — 2074.76		
VA-K	VA	2895.50	TIPS MEALS SICK ANNUITY	FICA WAGES	2895.50		
[REDACTED]	14-0	2405.50					

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Case 1:17-cv-01077-LO-TCB Document 56-5 Filed 07/20/18 Page 7 of 30 PageID# 518

CLIENT NBR 7177 SOB ROSS INC.		QUARTERLY REPORT FOR QUARTER ENDING 6/30/87 PAGE NBR 1 6/26/87				
EMPLOYEE INFORMATION --YTD/QTD-- --QTD EARNINGS--		---TAXABLE---		---EXCESS---		---EXEMPT---
[REDACTED]	2800.27	TIPS MEALS SICK ANNUITY	FICA WAGES FICA TIPS STATE UNEMP FED UNEMP			
[REDACTED]	687.50	TIPS MEALS SICK ANNUITY	FICA WAGES FICA TIPS STATE UNEMP FED UNEMP			
KOWALSKI-WALTER J 8-0 [REDACTED]	27800.00 15800.00	TIPS MEALS SICK ANNUITY	FICA WAGES 15800.00 FICA TIPS STATE UNEMP FED UNEMP	15800.00 15800.00	15800.00 15800.00	
KOWALSKI-ANNETTE H 9-0 [REDACTED]	27800.00 15800.00	TIPS MEALS SICK ANNUITY	FICA WAGES 15800.00 FICA TIPS STATE UNEMP FED UNEMP	15800.00 15800.00	15800.00 15800.00	
ROSS,JANE L 10-0 [REDACTED]	27800.00 15800.00	TIPS MEALS SICK ANNUITY	FICA WAGES 15800.00 FICA TIPS STATE UNEMP FED UNEMP	15800.00 15800.00	15800.00 15800.00	
ROSS,ROBERT N 11-0 [REDACTED]	27800.00 15800.00	TIPS MEALS SICK ANNUITY	FICA WAGES 15800.00 FICA TIPS STATE UNEMP FED UNEMP	15800.00 15800.00	15800.00 15800.00	
[REDACTED] 12-0 [REDACTED]	2177.70	TIPS MEALS SICK ANNUITY	FICA WAGES FICA TIPS STATE UNEMP FED UNEMP			
[REDACTED] 13-0 [REDACTED]	2037.90 910.02	TIPS MEALS SICK ANNUITY	FICA WAGES 910.02 FICA TIPS STATE UNEMP 910.02 FED UNEMP 910.02			
[REDACTED] 14-0 [REDACTED]	3028.65 953.89	TIPS MEALS SICK ANNUITY	FICA WAGES 953.89 FICA TIPS STATE UNEMP 953.89 FED UNEMP 953.89			
CURTIS,JANET S.	5704.60	TIPS	FICA STATE FED	1000.00	1000.00	

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## SHEET FOR REPORTING TO STATE

Date Quarter Ended	Page Number	Name of State
JUNE 30, 1987	1 OF 1	VIRGINIA

GRAND TOTALS ALL WAGE REPORT SHEETS			
ENTER ON PAGE 1 ONLY	TAXABLE WAGES	TOTAL WAGES	EXCESS
	19403.32	82603.32	632

NAME OF EMPLOYEE	STATE TAXABLE WAGES *	TOTAL WAGES *
ROSS, JANE L	70951	70951
KOWALSKI, WALTER J	136200	136200
	1580000	1580000
	95389	95389
	245276	245276
	87750	87750
	289900	289900
	265113	265113
	89850	89850
	1580000	1580000
KOWALSKI, ANNETTE H	107625	107625
ROSS, ROBERT N	118800	118800
	230751	230751
	102375	102375
	91002	91002
	9350	9350

5 FOR THIS PAGE  
Number of employees  
Wage totals

Number of  
employees

18

1940332	8260332
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\* EMPLOYER: Only use columns applicable to  
state requirements.

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1. Control number		Copy 1 For State, City, or Local Tax Department OMB No. 1545-0008		Employee's and employer's copy compared <input type="checkbox"/>	
2. Employer's name, address, and ZIP code		3. Employer's identification number		4. Employer's state I.D. number	
ROBB ROSS INC. 1306 C SQUIRE CT STERLING VA 22170  7177					
8. Employee's social security number		9. Federal income tax withheld		10. Wages, tips, other compensation	
		23413.11		85999.98	
12. Employee's name, (first, middle, last)		13. Social security wages		11. Social security tax withheld	
ROBERT N ROSS		45000.00		3379.50	
14. Fringe benefits incl. in Box 10		15. State/Local income tax		16a. Name of employee	
		2708.65		85999.98 FL	
Form W-2 Wage and Tax Statement 1988					

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PAYROLLS BY PAYCHEX.

7-77 VOLVO ROSS INC

## **EMPLOYEE EARNINGS RECORD**

PERIOD END DATE 12/31/8

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1 Control number		Copy 1 For State, City, or Local Tax Department OMB No. 1545-0008			Employee's and employer's copy covered <input type="checkbox"/>		
2. Employer's name, address, and ZIP code  BOB ROSS & N. 1306 C SQUIRE CT  STERLING, VA 22170			3 Employer's identification number		4 Employer's state ID. number		
			5 Brutory employee	6 Discreased	7 Pension plan	8 Legal rep.	942 Subtotal emp.
							Deferred compensation
							Void
6 Allocated tips			7 Advance EIC payment				
10 Wages, tips, other compensation 84999.96			11 Social security tax withheld 3604.80				
13 Social security wages 48000.00			14 Social security tips				
16			16 Fringe benefits incl. In Box 10				
			State/local income tax		State/local wages, etc., inc.		Amount of state/tax

Form W-2 Wage and Tax Statement 1989

PATROL BY PATCHES

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**PAYROLLS BY PAYCHEX®**

7337 BOB ROSS, INC.

## **EMPLOYEE EARNINGS RECORD**

PERIOD END DATE 8/30/50

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PAYROLLS BY PAYCHEX  
177 BUD ROSS INC.

**EMPLOYEE EARNINGS RECORD**

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**BR10000282**

## Case 1:17-cv-01077-LO-TCB Document 56-5 Filed 07/20/18 Page 14 of 30 PageID# 525

State/local income tax					
This information is being furnished to the Internal Revenue Service					
<b>Form W-2 Wage and Tax Statement 1990</b>					
Copy B To be filed with the employee's FEDERAL Income tax return 16-0331690					
1 Control number	Dept. of the Treasury - Internal Revenue Service Box No. 1545-0000	3 Employee's identification number	4 Employer's state I.D. number	5 Employee's social security number	
2 Employer's name, address, and ZIP code <b>BOB ROSS INC.</b> 1308 C SQUIRE CT STERLING, VA	7177	19 Employee's name, address, and ZIP code <b>ROBERT N ROSS</b>	0011-000100	17	
6 Extraordinary expenses	7 Allocates tips	8 Advanced EIC payment	18 Other		
9 Federal income tax withheld <b>22835.02</b>	10 Wages, tips, other compensation <b>88724.98</b>	11 Social security tax withheld <b>3824.45</b>	12 Social security wages <b>\$1300.00</b>		
12 Social security tips	13 Nonqualified plans	15 Dependent care benefits	16 Fringe benefits (incl. 14 Box 10)		
State/local income tax	State/local wages, tips, etc.	State/local income tax	State/local wages, tips, etc.	State/local wages, tips, etc.	State/local income tax

PAYROLL BY PAYCHECK  
LEAH THIS STUB OFF BEFORE FLIPPING

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جامعة الملك عبد الله INC.

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 7177 BOB ROSS INC.

**EMPLOYEE EARNINGS RECORD**  
 PERIOD END DATE 6/30/91

PERIOD END DATE	PAY RATE CODE	HOURS		EARNINGS		TAXES		ADJUSTMENTS		NET PAY						
		REG.	O.T.	REG.	OT.	WAGES	FICA	FEDERAL	STATE	LOCAL	DBL. TRS.	FICA ADJ.	MISC DED	ADY	CAFE PLAN	
1991-06-30	OTD	63333333		63333333		63333333	48450	181400								403449
1991-06-30	OTD	18999999		63333333		18999999	45350	544200								1210449
1991-06-30	OTD	63333333		63333333		63333333	48450	181400								403449
1991-06-30	OTD	18999999		63333333		18999999	45350	181400								403550
1991-06-30	OTD	37999998		37999998		37999998	290700	550000								400550
																1204649
																2415098

  

EMPL #	TERM	DEPT #	SOCIAL SECURITY #/ER	SALARY	RATE1	BIRTH DATE	ON	ADJUSTMENT NAME/WC TYPE	AMOUNT	BALANCE	MAXIMUM	R & T	ACCOUNT NUMBER	TRAN
0011	D00100			6333.33										

  

PREV PAY FACILITY	PREV STMT	TYPE	AMT	MAX
4 0 0 M 00 00				

  

PREVIOUS PAYACCT	LAST PAYACCT	TYPE	AMT	MAX

  

PREV PAYACCT	LAST PAYACCT	TYPE	AMT	MAX

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BR00000285

**PAYROLLS BY PAYCHEX.**  
7177 BOB ROSS INC.

**EMPLOYEE EARNINGS RECORD**  
**PERIOD END DATE 09/30/91**

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**BR1000286**

**PAYROLLS BY PAYCHEX.**  
7177 BOB ROSS INC.

**EMPLOYEE EARNINGS RECORD**

PERIOD END DATE	PAY RATE	HOURS WORKED	OT1	REF	OT1		EARNINGS	WITHHOLDINGS	ADJUSTMENTS		7	8	9	10	NET PAY
									1	2	3	4			
124 321	OTD			6333333	6333333		6333333 1899999	WAGES 1899999	FEDERAL 181500	INS 181400	LOCAL 181400	DIS 145350	MED-TNS 544200	1210449	503688
416 620	OTD			6333333	6333333		6333333 1899999	WAGES 1899999	FEDERAL 181500	INS 181400	LOCAL 181400	DIS 145350	MED-TNS 550000	1204649	403888
725 823 921	OTD			6333333	6333333		6333333 1899999	WAGES 1899999	FEDERAL 181500	INS 181400	LOCAL 181400	DIS 145350	MED-TNS 552900	1224080	400583
1017 1128 226	OTD	BN		6333333	6333333		6333333 1200000	WAGES 1200000	FEDERAL 91800	INS 184300	LOCAL 184300	DIS 123019	MED-TNS 372000	2130150	439850
	YTD			18999999	18999999		18999999 75999996	WAGES 75999996	FEDERAL 44949	INS 924900	LOCAL 924900	DIS 458668	MED-TNS 2572000	5769328	439850

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**BR10000287**

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State/local income tax 4884.00	State/local wages, tips, etc. 81658.76	State/locality name VA	State/local income tax	State/local wages, tips, etc.	State/locality name
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## Form W-2 Wage and Tax Statement 1991

Copy D For EMPLOYER

1 Control number	Dept. of the Treasury - Internal Revenue Service OMB No. 1540-0008	3 Employer's identification number	4 Employer's state I.D. number	5 Employee's social security number
2 Employer's name, address, and ZIP code  BOB ROSS INC. 1306 C SQUIRE CT STERLING, VA	7177  22170	10 Employee's name, address, and ZIP code  ROBERT N ROSS  [REDACTED]	0011-000100  32810	17 See instructions for Form W-2  [REDACTED]
6 State/locality [REDACTED]	7 Allocated tips	8 Advanced FFC payment		18 Other
9 Federal income tax withheld  25720.00	10 Wages, tips, other compensation  87999.96	11 Social security tax withheld  3310.80	12 Social security wages  53400.00	22 Unemployment compensation  [REDACTED]
13 Social security tips	14 Medicare wages and tips  87999.96	15 Medicare tax withheld  1275.88	16 Nonqualified plans	23 Benefits included in Box 10  [REDACTED]
State/local income tax	State/local wages, tips, etc.	State/locality name	State/local income tax	State/local wages, tips, etc.

**PAYROLLS BY PAYCHEX**  
7177 BOB ROSS INC.

**EMPLOYEE EARNINGS RECORD**  
**PERIOD END DATE 03/31/92**

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PAYROLLS BY PAYCHEX.												EMPLOYEE EARNINGS RECORD											
7177 BOB ROSS INC.												PERIOD END DATE 06/30/92											
PERIOD END DATE	PAY RATE	COS	(48)	HOURS	EARNINGS			WITHHOLDINGS			ADJUSTMENTS			6	7	8	9	10	NET PAY				
					REG	O.T.		WAGES	REG HRS	OT HRS	FEDERAL	STATE	LW							AT	UN	MED. INS.	FICA ADJ
120 MAY 1992	16.00 4.00	OTD	OTD	6333333 12666666 6333333 18999999 31666666	6333333 12666666 6333333 18999999 31666666	48450 96900 48450 145350 242250	195400 390800 195400 506200 897000											3894400 778566 633333 633333 1248449 2027415					
		YTD	YTD																				

  

EMPL #	TERM	DEPT #	SOCIAL SECURITY #	SALARY	RATES	BIRTH DATE	OTHER WAGE DATA	ADJUSTMENT NAME	AMOUNT	BALANCE	R&T	ACCOUNT NUMBER
C011		000100		6333.33				MEDICA FICA MISC ADV GARN				
				40.00	40.00	02/06/85		INS. ADJ DED PLAN				
ROSS, ROBERT N				2923.07	08/03/88							

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**PAYROLLS BY PAYCHEX**  
7177 BOB ROSS INC.

**EMPLOYEE EARNINGS RECORD**

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PAYROLLS BY PAYCHEK.										EMPLOYEE EARNINGS RECORD										
7177 BOB ROSS INC.										PERIOD END DATE 12/31/92										
PERIOD END DATE	PAY RATE	PAY CODE	HOURS			EARNINGS			WITHHOLDINGS			1	2	3	4	ADJUSTMENTS			NET PAY	
			REG	O.T.		WAGES	O.H. HRS.	NET WAGE	FEDERAL	STATE	LOCAL					FICA ADJ	MISC DED	ADV	CAFE PLAN	GARN
220 319	OTD		633333333	127		633333333	48450	195400	195400	195400										389444444
			126666666			126666666	96900		390600											385956666
416 416	OTD		633333333	127		633333333	48450	195400	195400	195400										382262626
722 722	OTD		189999999	127		189999999	145350		506200											124644444
102 102	OTD		633333333	127		633333333	48450	195400	195400	195400										128844444
			189999999			189999999	145350		466200											405303030
			633333333	127		633333333	30140		155400											5429286
			633333333			633333333	67000		1860000											8745150
			189999999	127		189999999	144512		2326200											
			696666667			129666663	532712		3689400											
EMPL #	DEPT #	SOCIAL SECURITY NO#	SALARY	RATES	BIRTH DATE	ON-HOUR AMT ON-HOUR MAX	TYPE HOUR HRS.	NO ADJUSTMENT	NAME	TYPE	AMOUNT	BALANCE	MAXIMUM	R & T	ACCOUNT NUMBER	TRANS				
00111	000100	6333.33			02/06/85	0.00														
ROSS, ROBERT H																				

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## Form W-2 Wage and Tax Statement 1982

01/08/8

1 Control number	Dept. of the Treasury - Internal Revenue Service CRS No 1042-0005	2 Employer's name, address, and ZIP code <b>BOB ROSS INC.</b> <b>1306 C SQUIRE CT</b> <b>STERLING, VA</b>	3 Employer's identification number 7177	4 Employer's state I.D. number 0011-000100	5 Employee's social security number <b>ROBERT N ROSS</b>	6 Copy D For EMP. 7 See instructions for Form W-2			
7 Employee's name, address, and ZIP code 22170	8 State or locality where employee worked 32810	9 Federal income tax withheld <b>38894.00</b>	10 Wages, tips, other compensation <b>128888.63</b>	11 Social security tax withheld <b>3441.00</b>	12 Social security wages <b>55500.00</b>	13 Unemployment compensation 14 Medicare wages and tips <b>128888.63</b>	15 Medicare tax withheld <b>1880.13</b>	16 Health insurance plan 17 State/local income tax State/local wages, tips, etc. State/locality name State/local income tax State/local wages, tips, etc. State/locality name	18 Other 20 Advanced EITC payment 21 Dependent care benefits 22 Benefits included in Box 10 23 Benefits included in Box 10

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## Form W-2 Wage and Tax Statement 1893

1 Form number <b>0031-7177 0011-000100</b>		2 Date Valid	3 Department of the Treasury - Internal Revenue Service OMB No. 1645-0008		
4a Wages, tips, other compensation Employee's name, address, and ZIP code <b>BOB ROSS INC. 4206-A TECHNOLOGY COURT CHANTILLY VA 22021</b>		5a Wages, tips, other compensation Employee's name, address, and ZIP code <b>ROBERT N. ROSS</b>		6a Wages, tips, other compensation Employee's name, address, and ZIP code <b>[REDACTED]</b>	
4b Federal income tax withheld [REDACTED]		5b Federal income tax withheld [REDACTED]		6b Federal income tax withheld [REDACTED]	
7a Social security tax withheld [REDACTED]		5c Social security tax withheld <b>57800.00</b>		6c Social security tax withheld <b>3571.20</b>	
7b Medicare wages and tips [REDACTED]		5d Medicare wages and tips <b>105612.36</b>		6d Medicare wages and tips <b>1531.36</b>	
7c Affected tips [REDACTED]		5e Advance FICA payment [REDACTED]		6e Dependent care benefits [REDACTED]	
7d Nonqualified plans [REDACTED]		5f Nonqualified plans [REDACTED]		6f Benefits included in Box 1 [REDACTED]	
10 State Employer's state I.D. No.	11 State wages, tips, etc.	12 State income tax	13 Locality name	14 Local wages, tips, etc.	15 Local income tax

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**PAYROLLS BY PAYCHEX-**  
7177 BOB ROSS INC.

**EMPLOYEE EARNINGS RECORD**  
PERIOD END DATE 12/31/93

PERIOD END DATE	PAY RATE CODE	REG HOURS	OT HOURS	REG QT	OT QT	EARNINGS	TAXES	ADJUSTMENTS	S1		S2		S3		S4		NET PAY
									1	2	3	4	7	8	9	10	
12/31/93	QTD	2066123	6333325	6333325	7994525	486423	55400 175623										1421642
12/31/93	QTD	2398371	7994525	7994525	7994525	2398371	621084										1593812
12/31/93	QTD	2398371	7994525	7994525	7994525	2398371	621084										1652188
12/31/93	OTC	3698371	7994525	7994525	1300000	3698371	1024084										2620661
12/31/93	OTC	10561236	YTD			10561236	2752675										7298305

  

EMPL.	NAME	DEPT #	ACCT. SECURITY NBR	SALARY	RATES	BIRTH DATE	OT-HR	ADJUSTMENT NAME	WK	TYPE	AMOUNT	BALANCE	MAXIMUM	R & T	ACCOUNT NUMBER	TRAV.
0011	ROSS, ROBERT N	000100		7994.57				1	MED	FICA	ADV					
								2	INS	DED						

  

ADJUSTMENT	NAME	WK	TYPE	AMOUNT	BALANCE	MAXIMUM	R & T
1	MED						
2	INS						
3	FICA						
4	ADV						
5	DED						
6	CAFE						
7	PLAN						
8	GARN						

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**PAYROLLS BY PAYCHEX**  
7177 BOB ROSS INC.

**EMPLOYEE EARNINGS RECORD**  
PERIOD END DATE 12/31/94

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## Form W-2 Wage and Tax Statement 1994

## EMPLOYER REFERENCE COPY - DO NOT FILE.

Control number 1031-7177 0011-000100		Void	Department of the Treasury - Internal Revenue Service OMB No. 1645-0008	
Employee's name [REDACTED]	Address [REDACTED]	Employer's name, address, and ZIP code BOB ROSS INC. 4206-A TECHNOLOGY COURT CHANTILLY VA 22021		1 Wages, tips, other compensation 95162.52
See instructions for Box 13 14 Other [REDACTED]		2 Federal income tax withheld 30411.52		2 Federal income tax withheld 30411.52
		3 Social security deposit 60800.00		3 Social security tax withheld 3757.20
		4 Medicare wages and tips 95162.52		4 Medicare tax withheld 1379.88
		5 State tax withheld [REDACTED]		5 State tax withheld [REDACTED]
		6 Advance TIA payments [REDACTED]		6 Advance TIA payments [REDACTED]
		7 Qualified plan contributions [REDACTED]		7 Qualified plan contributions [REDACTED]
		8 Dependent care benefits [REDACTED]		8 Dependent care benefits [REDACTED]
		9 Nonqualified plans [REDACTED]		9 Nonqualified plans [REDACTED]
		10 Benefits included in Box 1 [REDACTED]		10 Benefits included in Box 1 [REDACTED]
State Employer's state ID No. [REDACTED]		11 State wages, tips, etc. [REDACTED]	12 State income tax [REDACTED]	13 Local wages, tips, etc. [REDACTED]
		14 Local income tax [REDACTED]	15 Local income tax [REDACTED]	16 Local income tax [REDACTED]
		17 Local wages, tips, etc. [REDACTED]	18 Local income tax [REDACTED]	19 Local income tax [REDACTED]
		20 Local wages, tips, etc. [REDACTED]	21 Local income tax [REDACTED]	22 Local income tax [REDACTED]

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Form W-2 Wage and Tax Statement 1995										EMPLOYER REFERENCE COPY - DO NOT FILE.					
Control number 0031-7177 0011-000100				Valid		Department of the Treasury - Internal Revenue Service OMB No. 1645-0005									
16 Employee's emitter	17 Employer's name	18 Address	19 ZIP code	20 State	21 Wages, tips, etc.	22 Federal income tax	23 Social security tax	24 Medicare wages and tips	25 State income tax	26 Social security tips	27 Advances for TUT	28 Dependent care benefits	29 Nonqualified plans	30 Local wages, tips, etc.	31 Local income tax
Employee's name, address, and ZIP code <b>BOB ROSS INC.</b> <b>4206-A TECHNOLOGY COURT</b> <b>CHANTILLY VA 22021</b>										1 Wages, tips, other compensation <b>48604 .50</b>	3 Federal income tax withheld <b>17250 .99</b>				
Employee's name, address, and ZIP code <b>ROBERT N ROSS</b>										3 Social security wages <b>48604 .50</b>	4 Social security tax withheld <b>3013 .46</b>				
										5 Medicare wages and tips <b>48604 .50</b>	6 Medicare tax withheld <b>704 .78</b>				
										7 Social security tips	8 Allocated tips				
										9 Advance TUT payment	10 Dependent care benefits				
										11 Nonqualified plans	12 Benefits included in box 1				
16 State	Employee's state (U. S. No.)		17 State wages, tips, etc.		18 State income tax		19 Federal tax		20 Local wages, tips, etc.		21 Local income tax				

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